

Houston Department of Health & Human Services Bureau of Laboratory Services Houston, TX 713-558-3400

CHAIN OF CUSTODY

Agency Identifier/Number: _	 ,		
Date:	Time:	Phone: ()	
Collected / Delivered By:	(Print Name)		(6:
Organization:	. ,	(Signature)	
Complete Address:			
Specimen Description:	(Number and Street)	(City)	(Zip Code)
Date:	Time:	Phone: ()	
Received By:	(Print Name)		nture)
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Organization:	(Print Name) (Signature)		
	(Print FULL Nam	e – No Acronyms, Please)	
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Organization:	(Print Name)	(Signa	ature)
	(Print FULL Nam	e – No Acronyms, Please)	
Date:	Time:	Phone: ()	
Received By:			
Organization:	(Print Name)	(Signa	ature)
	(Print FULL Nam	e – No Acronyms, Please)	
Date:	Time:	Phone: ()	
Received By:	(Print Name)	/C:	nture)
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Revised: 02/03/06